



REPORT OF LOSS TO STATE-OWNED PROPERTY

FOR STATE AGENCY USE ONLY

Agency Name:					
Date Reported:		Time:		Agency Code:	

LOSS DATA

Date:		Time:			
Kind of Loss:					
Location:					
Estimate of loss:					
Description of loss/damage:					

FOR INFORMATION, CONTACT

Name:		Title:			
Address:					
Local Phone Number:		FAX:			

REPORTED BY

Name:		Title:			
Address:					
Local Phone Number:		FAX:			

COMMENTS
